

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021098

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 43

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. FILED JUN 5 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Putnam		a. STATE Iowa b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		c. CITY OR TOWN Fairfield	
Length of stay in 1b 30 Minutes		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR OF U.S. Highway 136 INSTITUTION Monroe Hospital		d. STREET ADDRESS (If outside, give location) R. F. D. No. 1	
3. NAME OF DECEASED First Middle Last Clarence Junior Roth		4. DATE OF DEATH Month Day Year May 30, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/13/1932
9. AGE (last birthday) 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (City and state or country) Seward, Nebraska		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Clarence C. Roth		13b. MOTHER'S MAIDEN NAME Katie Widmer	
14. NAME OF HUSBAND OR WIFE Carol Roth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Dr. J. C. Widmer		17. ADDRESS Wayland, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concussion of brain 30 minutes Injuries from car wreck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or item 18.) Car wreck 1 mile east of Unionville Mo on 5/30/63	
20c. TIME OF INJURY Hour 5:30 Minute 30 p.m. Month 5 Day 30 Year 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5/30/63	20f. CITY, TOWN, OR LOCATION COUNTY STATE Wayland, Iowa
21. I attended the deceased from 5/30/63 to 5/30/63 and last saw him alive on 5/30/63 . Death occurred at 5:30 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles J. Galtner		22b. ADDRESS Unionville Mo 63136	
22c. DATE SIGNED 5/31/63		22d. LOCATION (City, town, or county) (State) Wayland, Iowa	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/31/1963	
24. FUNERAL DIRECTOR ADDRESS Comstock Funeral Home		25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Marvill Durbin	
By John N. Comstock Unionville, Mo. 5-31-63 (Licensed Embalmer's Statement on Reverse Side)			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John H. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.